

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ailsey W. Blake</i>		Town <i>Beaz Centreville</i>		County <i>Queen Anne</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>17</i>		Years <i>75</i>	
Date of death 1903		Months		Days			
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Queen Anne Co</i>			
Married, <del>Single</del> or <del>Widowed</del>		Occupation					
Name of Wife or Husband <i>Geo. W. Blake</i>							
Fether's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving In formation <i>John Harvery</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Weakness + Heart trouble</i>		How long <i>2 years</i>	
Immediate		How long <i>4 months</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>None</i>	
<i>Jon. G. Dawson</i>		Address <i>Centreville Md</i>	
Accident or Suicide? <i>Undetermined</i>			



Name  
in  
Full

Sarah Catherine Corson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crumpton</u> <sup>Town</sup>			<u>Queen Anne</u> <sup>County</sup>			MARYLAND		
Date of death 1903	<u>April</u> <sup>Month</sup>	<u>2nd</u> <sup>Day</sup>	Age <u>6</u> <sup>Years</sup>	<u>0</u> <sup>Months</sup>	<u>24</u> <sup>Days</sup>			
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>					
Married, Single or Widowed <u>Single</u>			Occupation <u></u>					
Name of Wife or Husband <u></u>								
Father's Name <u>John L Corson</u>				Father's Birthplace <u>Md</u>				
Mother's Maiden Name <u>Sarah Augusta Godwin</u>				Mother's Birthplace <u>Md</u>				
Name of person giving information <u>Sarah Augusta Corson</u>				How related to deceased <u>Mother</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Diphtheria</u> <u>9a</u>	How long	<u>2 days</u>
Immediate	<u>From Malignancy of Disease</u>	How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>J. N. Sheppard M.D.</u>	
		Address <u>Crumpton Md.</u>	
Accident or Suicide? <u></u>			



Name  
in Full

CERTIFICATE OF DEATH

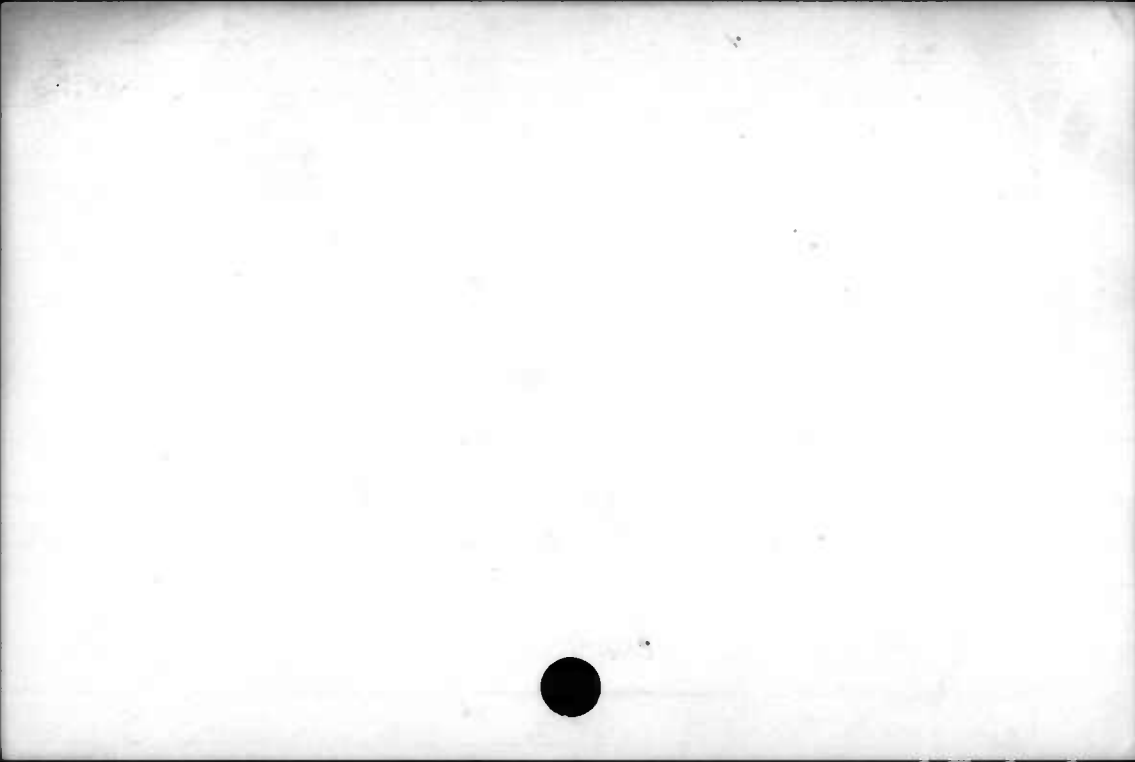
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sekland</i> Town		<i>Queen Annes</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Apr</i>	Day <i>13</i>	Age <i>81</i> Years	Months <i>8</i>	Days <i>17</i>
Sex <i>F</i>	Color or Race <i>White</i>		Birth-place <i>Queen Annes</i>		
<del>Married, Single</del> <del>Widowed</del>			Occupation <i>Grand retired</i>		
Name of Wife or Husband <i>John A. Drownes</i>					
Father's Name <i>Mr. Furell May</i>			Father's Birthplace <i>D.A. Co</i>		
Mother's Maiden Name <i>Nancy Sherry May</i>			Mother's Birthplace <i>D.A. Co</i>		
Name of person giving information <i>L. V. Drownes</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Advanced age</i>	<i>54</i>	How long <i>Ten yrs</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. V. Drownes</i>	
<i>They are</i>	Address <i>Baltimore Md</i>	
Accepted <i>Wm</i>		



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Louis McKenney Green

Died at <sup>Town</sup> near Lumberton<sup>County</sup> 2 a c

MARYLAND

Date

of death 190

3

Month

4

Day

18

Age

Years

2

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Balt Ma

~~Married~~, Single  
or ~~Widowed~~

Occupation • Chicago

~~Name of~~ Wife or  
~~Husband~~Father's  
Name

Unknown

Father's  
BirthplaceMother's  
Maiden Name

Alberta Green

Mother's  
Birthplace

2 a, b, c

Name of person giving  
In formation

E Voskell 166

How related  
to deceased

None

## CAUSES OF DEATH

Primary

Injury to brain from fall

How long

6 weeks

Immediate

Heatstroke

How long

3 w

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

W. W. Brown

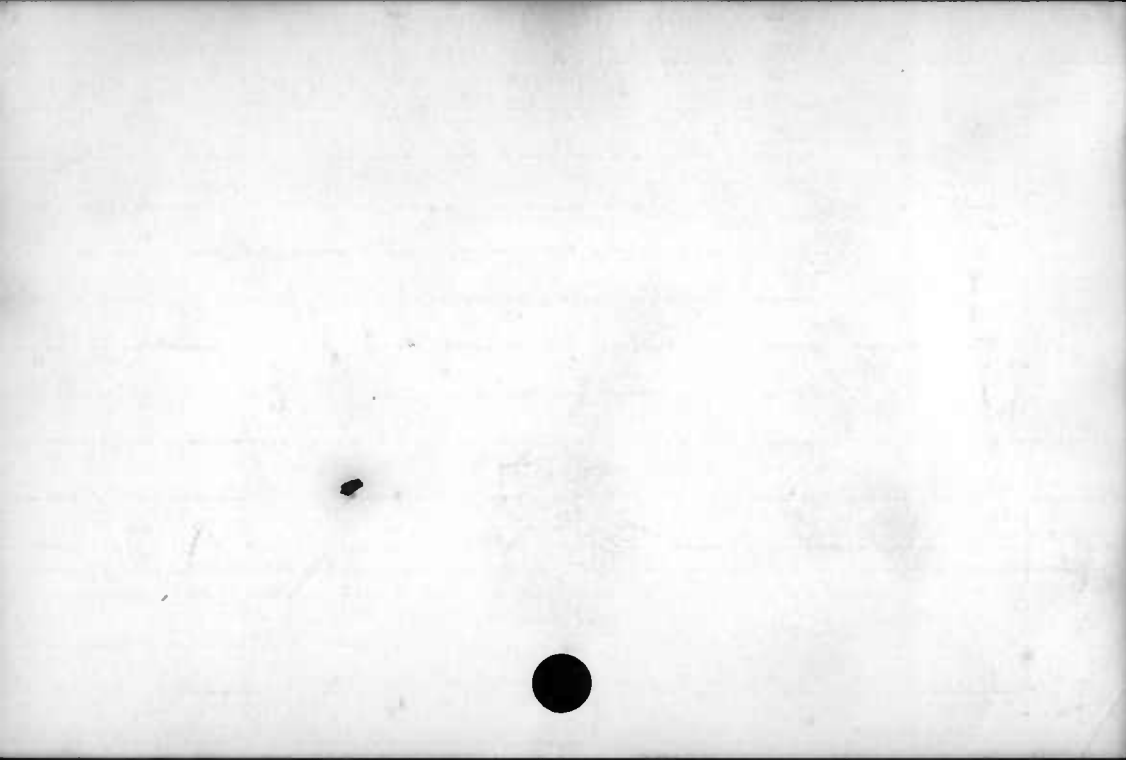
Address

Lumberton

Lumberton

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name in Full

Certificate of Death

Maria Green

Died at Church Hill Queen James County MARYLANDDate 19 03 April 22, Age 76 7 Y. M. D. Maryland Housekeeper  
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~  
Female Colored Single ~~Widower~~ Number of children living two~~Husband~~ of John Green  
Wife  
Father's Name  
Mother's Name  
Maiden Name

Cause of

Primary

Death

Immediate

Apoplexy

How long sick

4 from minutes

Accident, Suicide, Homicide

Reported by

Frank A. Bredes

Address

Church Hill MdS. B. Dudley Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

✓ Hill County (Cal)

Name In Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Male

~~White~~

Married

Widow

~~Divorced~~

Number of children living

One

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

2 years

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

## CERTIFICATE OF DEATH

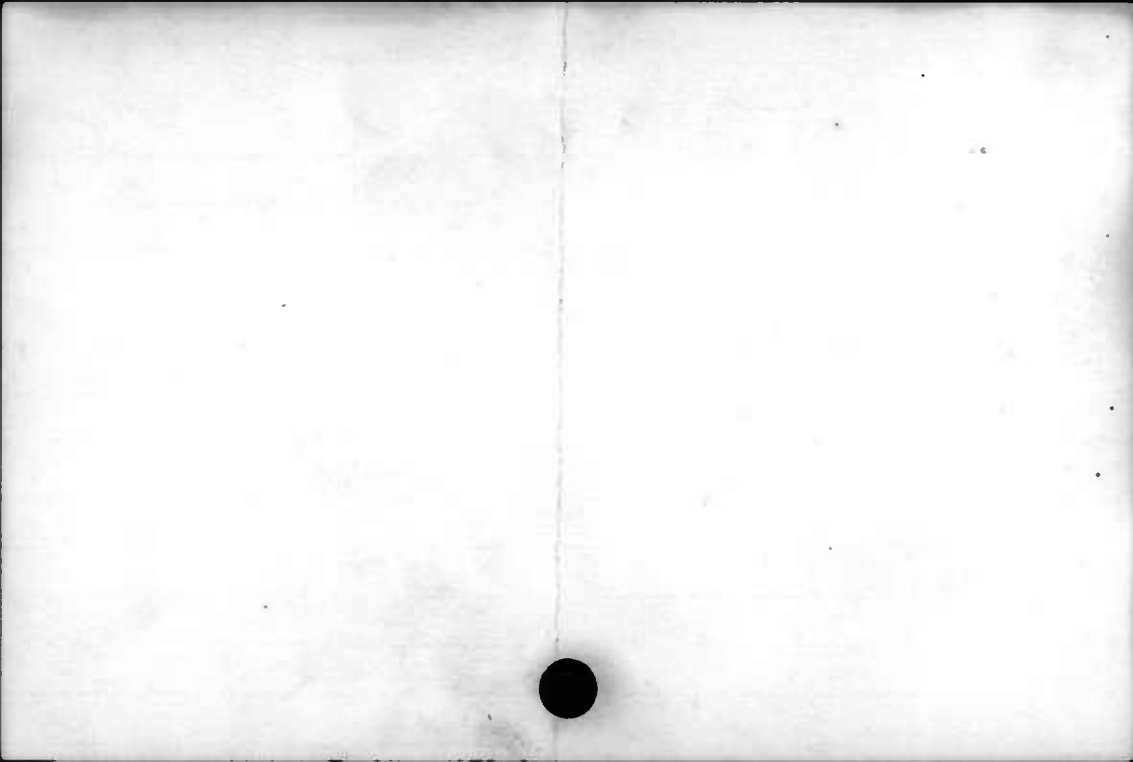
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Winchester</i> <sup>Town</sup>		<i>Queen Anne's</i> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <i>4</i>	Day <i>22</i>	Age <i>30</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Collard</i>		Birth-place <i>Oxford</i>		
Married, <del>Single</del> <i>Married</i>	Occupation <i>Oysterman</i>				
Name of Wife or Husband					
Father's Name <i>John Henry</i>			Father's Birthplace <i>Oxford</i>		
Mother's Maiden Name			Mother's Birthplace <i>Oxford</i>		
Name of person giving information <i>Jas. Carter</i>			How related to deceased <i>No. Relation</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>4 or 5 weeks</i>
Immediate <i>Hemorrhage</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. T. Henry</i>
	Address <i>Stevensville, Md.</i>
Accident or Suicide? <i>No</i>	



Name in Full

Certificate of Death

Died at

Date 19

Husband

Father's Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Widow~~~~Divorced~~

Number of children living

MARYLAND

Geo. T. Hilliard  
 Church Hill Lucea Ames Co  
 03 April 20th 48  
 Male ~~Female~~ Married ~~Widow~~ ~~Divorced~~  
~~Female~~ Colored ~~Single~~ ~~Widow~~ 2

Aminda Hilliard  
 Fountain Hill Maiden Name Hester Hilliard

Primary Tuberculosis  
 Immediate Exhaustion  
 How long sick 2 years  
 Accident, Suicide, Homicide

G. S. Dudley MD  
 Church Hill Maryland





Name  
in  
Full

Sarah R. Hiers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Exumpton</u> Town		<u>Queen Anne</u> County		MARYLAND	
Date of death 1903	Month <u>4</u>	Day <u>9</u>	Age <u>45</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Queen Anne Co</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Housewife</u>				
Name of <del>Wife</del> Husband <u>John W. Hiers</u>					
Father's Name <u>Benjamin Harrison</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Ellen Massey</u>			Mother's Birthplace <u>                    </u>		
Name of person giving information <u>John W. Hiers</u>			How related to deceased <u>Husband</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis, Pulm.</u>	How long <u>8 months.</u>
Immediate <u>                    </u>	How long <u>                    </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. P. Gorman M.D.</u>
	Address <u>Wellington Md.</u>
Accident or Suicide?	



Name  
in  
Full

Jm Horney

## CERTIFICATE OF DEATH

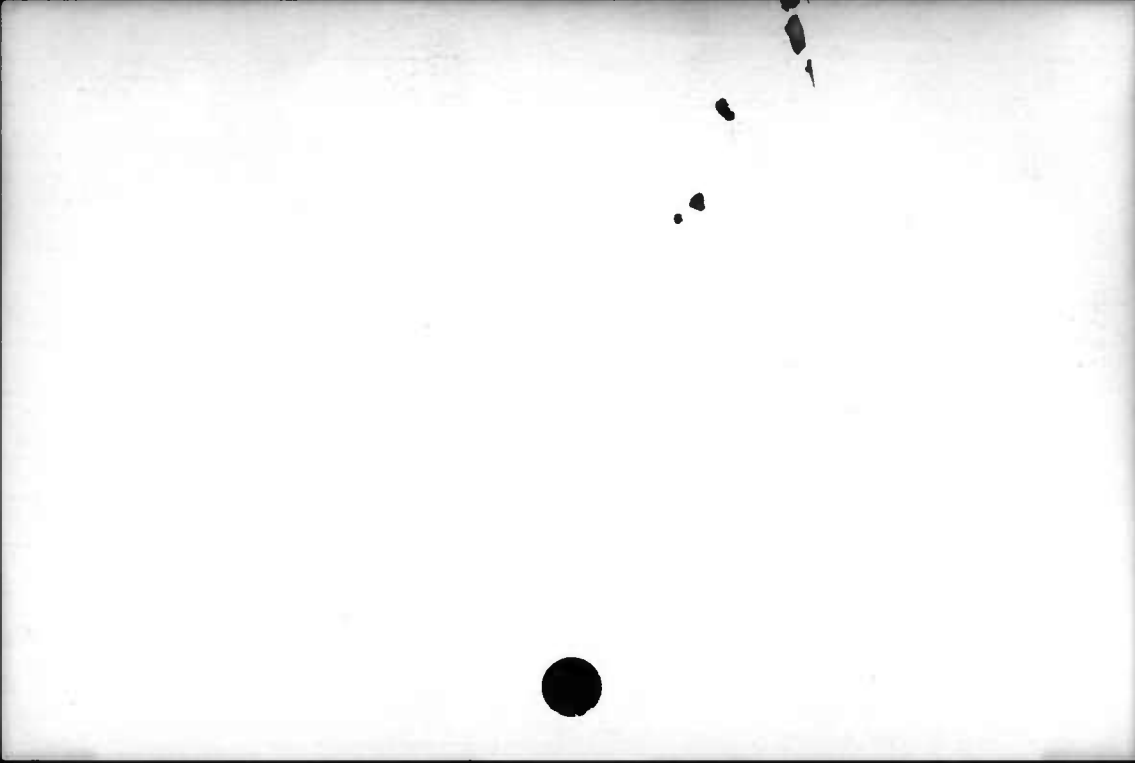
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Home House</u>		Town		County		2. Ann		MARYLAND	
Date of death	6th	Month	April	Years	70	Months	7	Days	7
Sex	Male	Color or Race	White	Birth-place	Dont Know				
Married, Single or Widowed	Single			Occupation					
Name of Wife or Husband				—					
Father's Name				Dont Know		Father's Birthplace			
Mother's Maiden Name				X		Mother's Birthplace			
Name of person giving information				Wm Foster		120		How related to deceased	
								none	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Bright's disease of Kidneys	How long	10 months
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. A. Hutton
		Address	Cummins St
Accident or Suicide?			



Edward A. Howard

Town

County

Died at *Near Templeville S. A.*

MARYLAND

Date *1903* Month *Apr.* Day *17* Y. *66* M. *-* D. *-* Native of *Illinois* Occupation *Farmer*  
 Sex *Male* Color *White* Marital *Married* ~~Widower~~ ~~Divorced~~  
~~Female~~ ~~Caucasian~~ ~~Single~~ Widower Number of children living *5*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

*Cancer of stomach*

How long sick

*One year*

Death

Immediate

*Starvation*~~Accident, Suicide, Homicide~~

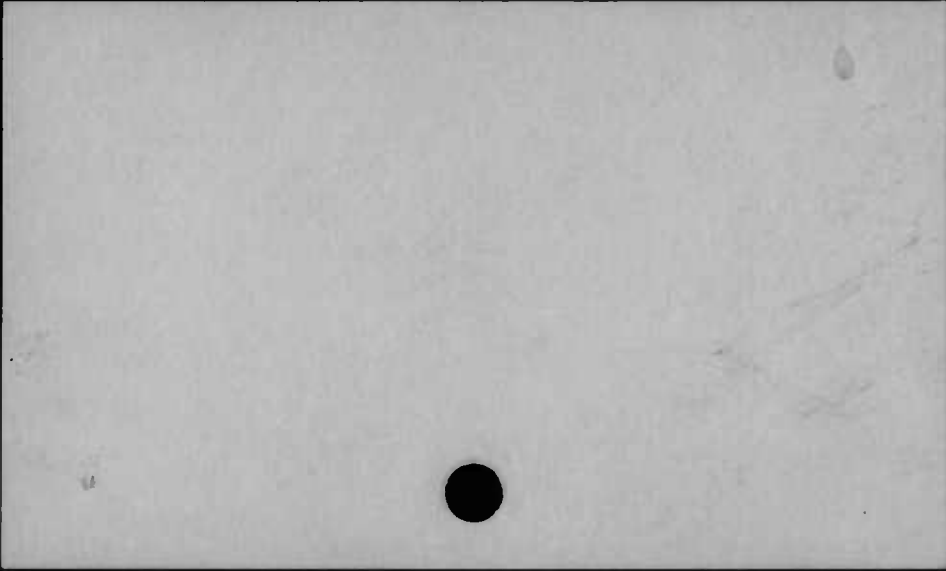
Reported by

*G. W. Simmons M.D.*

Address

*Suckersville Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Henry Hyndson

Town

County

Died at

MARYLAND

Date 19 03

Month

Day

Y.

M.

D.

Native of

Occupation

April 18 1866

Age 6: 10: 20

Maryland

nail

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Mother's

Name

Maiden Name

George H. Hyndson

Mary Sney

Cause of

Primary

acute hepatitis.

How long sick

2 mos

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

B. S. Decker MD

Address

Church Hill

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70002

El Dorado County (Cal)



Name  
in  
Full

Isaac J Jones Jr

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Crumpton

Town

County

Green River

MARYLAND

Date

of death 190

3

Month

Apr.

Day

29th

Age

Years

5

Months

Days

Sex

Male

Color or  
Race

Negro

Birth-  
place

Kent Co.

Married, Single  
or Widowed

Single

Occupation

None

Name of Wife or  
HusbandFather's  
Name

Isaac J Jones

Father's  
Birthplace

Kent Co

Mother's  
Maiden Name

Laurisa Tinch

Mother's  
Birthplace

Galena Md

Name of person giving  
In formation

Mrs Lizzie Massey

How related  
to deceased

Aunt

## CAUSES OF DEATH

Primary

Meningitis

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

C P Gorman M.D.

Address

Millington Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

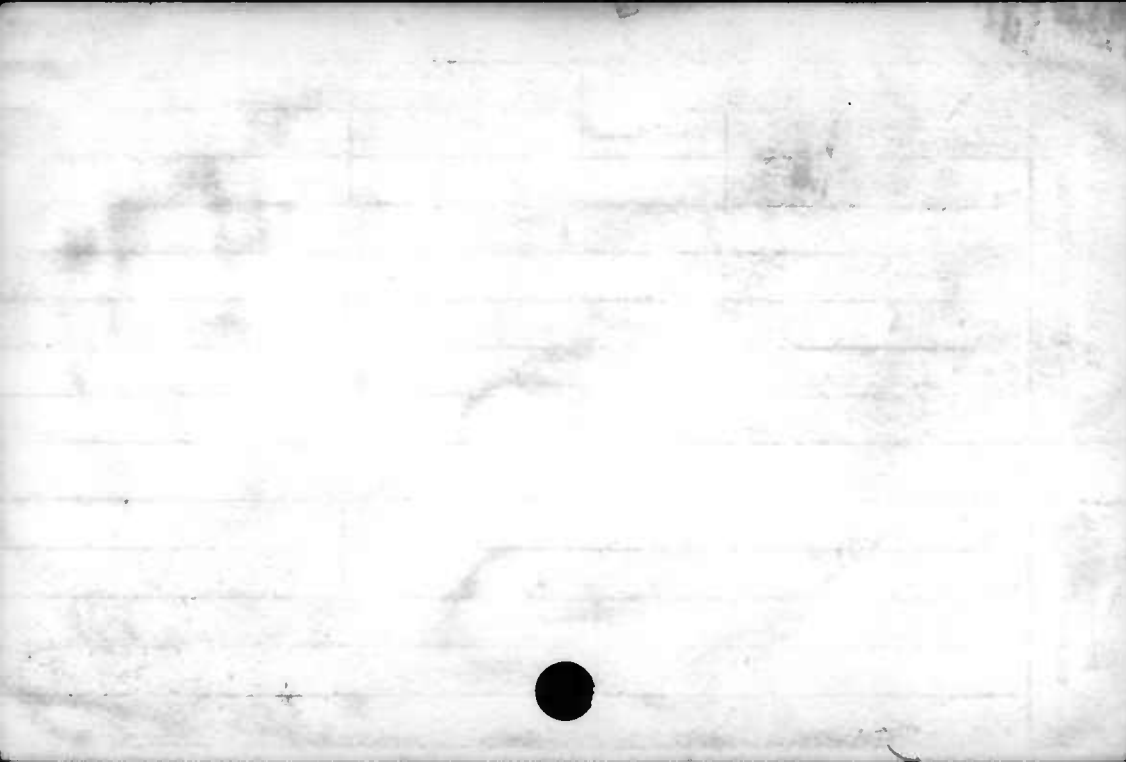
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		State	
Date of death 190		3	Month	11	Day	1 week	Months
Sex		Male		Color or Race		Caucasian	
Married, Single or Widowed				Occupation		Birth-place	
Name of Wife or Husband						Chester	
Father's Name		Sam'l. G. Jones		Father's Birthplace		Kent Island	
Mother's Maiden Name		Mary L. Jones		Mother's Birthplace		Tallot Co.	
Name of person giving information		S. G. Jones		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Convulsions	How long	5 hours
Immediate	General asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. Kemp & Snyder
		Address	Stevensville
Accident or Suicide?			X Md.



Name  
in  
Full

Mrs Ellen McGowan

## CERTIFICATE OF DEATH

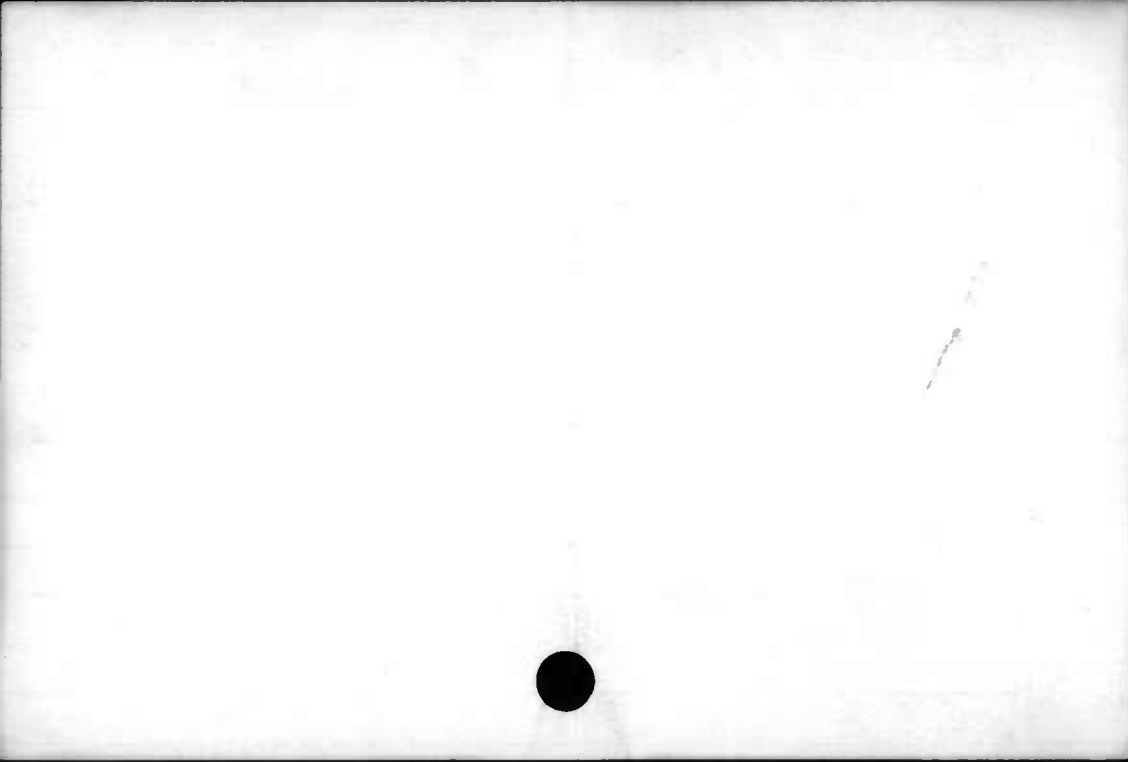
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near McGowan's</i>		Town <i>Queen Anne</i>		County		MARYLAND	
Date of death 1903	Month <i>April</i>	Day <i>3</i>	Age	Years <i>53</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>white</i>		Birthplace <i>Baltimore Md</i>				
Married, Single or Widowed <i>Widow</i>		Occupation <i>House Keeper</i>					
Name of Wife or Husband <i>Widow of George McGowan</i>							
Father's Name <i>James Drane</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Margaret Rice</i>		Mother's Birthplace					
Name of person giving information <i>Daughter - Mrs Thomas Jarman</i>		How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic catarrh of stomach &amp; bowels</i>	How long <i>two years</i>
Immediate <i>Paralysis</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. N. Sheppard</i>
	Address <i>Crumpton Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Addie Devonia Muchant

Town

County

Died at *Chesh Hill**Queen Anne Co*

MARYLAND

Date *1903* Month *4* Day *14* Age *1* Y. *7* M. *-* D. *-* Native of *MD* Occupation *-*  
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~  
 Female ~~Color~~ Single ~~Widow~~ Number of children living *-*

Husband of *-*  
 Wife *-*

Father's Name *Fletcher Muchant*

Mother's Name *Maud A. Thowley*

Cause of Death { Primary *Measles* How long sick *4 weeks*

Death { Immediate *Pneumonia* Accident ~~-~~ Suicide ~~-~~ Homicide ~~-~~

Reported by

*Wm. H. Harris M.D.*

Address

*Chesapeake Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FILES

1. Their Country -



Name  
in  
Full

CERTIFICATE OF DEATH

*Louis Pipes*

Town

County

Died at

*near Centerville*

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

3

*April*

8

Age

*65*

Sex

*Male*

Color or  
Race

*Black*

Birth-  
place

Married, Single  
or Widowed

*Widower*

Occupation

*Farm hand*

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

*Geo. Handley*

How related  
to deceased

*Son in law*

CAUSES OF DEATH

Primary

*Asthma*

*97*

How long

*1 1/2 yrs*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

*No Dr.*

*Jon. G. Dawson*

*Centerville*

Accident or Suicide?

*Undertaker*

*md*



Name  
in  
Full

## CERTIFICATE OF DEATH

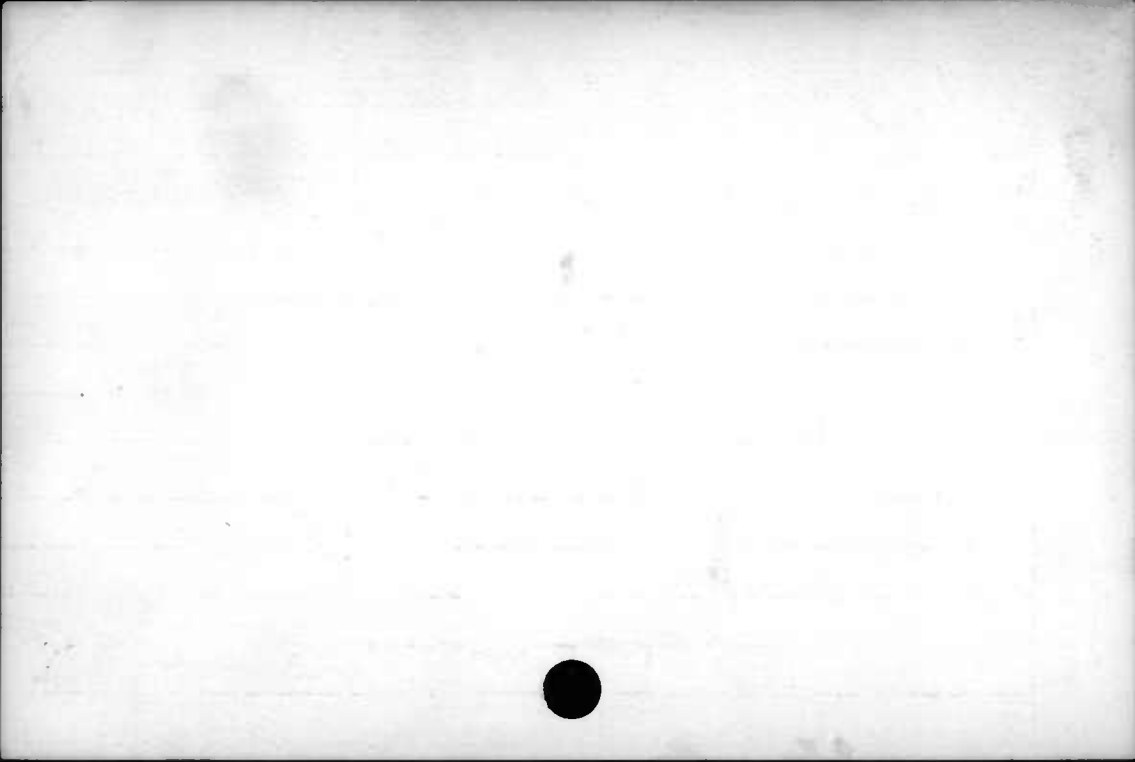
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Church Hill</i>		Town <i>Quinn</i>		County <i>Ames</i>		State <i>MARYLAND</i>	
Date of death 1903	Month <i>April</i>	Day <i>7th</i>	Age <i>80</i>	Years	Months <i>11</i>	Days <i>7</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Quinn Ames Co.</i>				
Married, Single or Widowed <i>Widower</i>	Occupation <i>farmer</i>						
Name of Wife or Husband <i>William Porter</i>							
Father's Name <i>John Porter</i>				Father's Birthplace <i>Quinn Ames Co.</i>			
Mother's Maiden Name <i>Elizabeth Potts</i>				Mother's Birthplace <i>Quinn Ames Co.</i>			
Name of person giving information <i>William H. Porter</i>				How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long <i>20 or 3 years</i>
Immediate <i>Prostration</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>They are</i>	Signature of Physician <i>S. C. Dudley M.D.</i>
	Address <i>Church Hill</i>
Accident or Suicide?	<i>Quinn Ames Co. Md</i>



Name in Full

Certificate of Death

Sarah Lezzie Scott

Town

County

MARYLAND

Died at

Mucklin

2a G

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

4 18

Age

12 11 -

2a Gc

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Geo W Scott

Mother's

Maiden Name

Annie Anderson

Cause of

Primary

Concussion

How long sick

18 Months

Death

Immediate

Seizure

Accident, Suicide, Homicide

Reported by

W. L. McCormick from

Information

Address

Seemstown  
md

1. Father's

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75000



Name  
in  
Full

Clarence Webster Finney -

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>New Church Hill</u> <sup>Town</sup>		<u>2-2-00</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>April</u>	Day <u>14</u>	Age <u>3-</u>	Months <u>1-</u>	Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth- place <u>Salmon</u>		
Married, Single or Widowed <u>Single</u>			Occupation <u>None</u>		
Name of Wife or Husband <u>None</u>					
Father's Name <u>Wesley Finney</u>			Father's Birthplace <u>Church Hill Md</u>		
Mother's Maiden Name <u>Maggie A. Finney</u>			Mother's Birthplace <u>" "</u>		
Name of person giving In formation <u>Wesley Finney</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Affected from birth</u>	How long <u>None</u>
Immediate <u>Heart failure</u>	How long <u>None</u>
Are the name, age, sex, color, date and place correctly given above? <u>They are</u>	Signature of <u>C. E. Smith</u> Address <u>Church Hill Md</u>
Accident or Suicide? <u>None</u>	

Q. Nine cents; (only)



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Templeville</i> <sup>Town</sup>		<i>Greene</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>5</i>	Age <i>70</i>	Months <i>11</i>	Days <i>11</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Templeville</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Stansbury Whiteley</i>					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>appropria</i>	How long
Immediate	<i>yes</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. E. Gally</i>
		Address <i>Templeville</i>
Accident or Suicide?		

